

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FLORIDIANS FOR A STRONG MIDDLE CLASS		FEC IDENTIFICATION NUMBER ▼ C C00577049	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee Waterfront Strategies, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2016		
Mailing Address 3050 K St, NW Suite 100			Amount 87471.00		
City Washington	State DC	Zip Code 20007	Transaction ID : WFT2016742232-1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2016		
Purpose of Expenditure Advertisement		Category/ Type			
Name of Federal Candidate Patrick, Murphy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee AKPD Message and Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2016		
Mailing Address 730 N Franklin St Suite 404			Amount 2826.96		
City Chicago	State IL	Zip Code 60654	Transaction ID : WFT20169101540-1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2016		
Purpose of Expenditure Advertising Production		Category/ Type			
Name of Federal Candidate Patrick, Murphy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90297.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jennifer, May, , ,

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2016

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Majority PAC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2016	
Mailing Address 700 13th St, NW Suite 600		Amount 5334.63	
City Washington	State DC	Zip Code 20005	Transaction ID : WFT20169101541-1
Purpose of Expenditure Advertising Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Name of Federal Candidate Patrick, Murphy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5334.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	95632.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jennifer, May, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 01 / 2016

Signature